

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 16526  
Registration District No. 4949  
Registrar's No. 4949

FILED JUN 9 1943 818

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution July 20, 1943  
(Specify whether  
In this community..... life  
years, months or days)

3. (a) PRINT FULL NAME William Rodman  
3. (b) If veteran, name war..... 3. (c) Social Security No.....  
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Apr. 3, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 1 4 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER  
12. Name unknown  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon

(b) Address 5890 Arsenal St.

17. (a) Autopsy Date thereof 5-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) MAY 28 1943 (Date received local registrar)  
J. J. Rutledge (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 Montgomery  
(If rural, give location)  
(e) Citizen of foreign country? American (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, 1943  
year..... hour..... minute 12:05 P.

21. I hereby certify that I attended the deceased from 4/1/43  
....., 19....., to 5/7, 19.....  
that I last saw him alive on 5/6  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Degenerative Heart disease Duration yr.

Due to..... Arteriosclerosis

Due to..... Senility

Other conditions..... Hypertension  
(Include pregnancy within 3 months of death)  
CNS Les

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature..... (M. D. or other) MD

Address City Infirmary Date signed 5/1/43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**